8 27 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2814

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. 1115 North 12th Street, ... St. ..... Ward)

File No. .....

Registered No. 453

2. FULL NAME Julia Harris

(a) Residence, No. 1115 North 12th Street 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1880

7. AGE: 53 YEARS | MONTHS ✓ | DAYS ✓ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Missouri

FATHER

13. NAME Allen Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mississippi

MOTHER

15. MAIDEN NAME Eliza Queen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT (ADDRESS) Mrs Eliza Harris 1115 North 12th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Jan. 13, 1934

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED ..... 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov/IO 33, to Jan IO, 1934

I last saw her alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Emboli 2ndAttack	Iday
131	
128	

Other contributory causes of importance:

Chronic Interstitial Nephritis	Iyr

131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) [signature], M. D.

(Address) 1336 Franklin, St. Louis Mo